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Technology Center 2600

Amendment Under 37 C.F.R. § 1.116
Group Art Unit 2178, Expedited Procedure

00862.021824.

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

)

HIROSHI TOJO

)

Appln. No.: 09/503,476

}

Filed: February 14, 2000

7

For: IMAGE PROCESSING

1

APPARATUS AND METHOD, AND COMPUTER-READABLE MEMORY

October 4, 2004

Mail Stop AF

The Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AFTER FINAL ACTION

Sir:

In response to the Office Action dated July 2, 2004, please amend the above-referenced application as follows. The claim changes are reflected in the listing beginning at page 2. The Remarks begin at page 9.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

October 4, 2004.

(Date of Deposit)

LEONARD P. DIANA (Reg. No. 29,296)
(Name of Attorney for Applicant)

Z.B. Dins
Signature



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Technology Center 2600

Amendment Under 37 C.F.R. § 1.116
Group Art Unit 2178, Expedited Procedure

In re Application of:

HIROSHI TOJO

Application No.: 09/503,476

Docket No. 00862.021824.

Filed: February 14, 2000

Examiner: Tung T. Vo

For: IMAGE PROCESSING APPARATUS AND
METHOD, AND COMPUTER-READABLE
MEMORY

Group Art Unit: 2613

Date: October 4, 2004

Mail Stop AF
THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment After Final Action in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 14	MINUS	** 20	= 0	x \$9 \$18	\$0
INDEP. CLAIMS	* 6	MINUS	*** 6	= 0	x \$43 \$86	\$0
Fee for Multiple Dependent claims \$145°/\$290						prev. paid
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

Verified Statement claiming small entity status is enclosed, if not filed previously.

A check in the amount of \$_____ is enclosed.

Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

A check in the amount of \$____ to cover the fee for a ___-month extension is enclosed.

A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Leonard P. Diana
Attorney for Applicant
Registration No. 29,296

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200